

State of California
Department of Pesticide Regulation
TRAVEL EXPENSE CLAIM
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

Page 1 of 1

<input type="checkbox"/> Out-of-State Trip No. _____		<input checked="" type="checkbox"/> Travel		<input type="checkbox"/> Training	
Claimant's Name Mary-Ann Warmerdam			Telephone Number 916-445-4000		Employee Number _____
Home Address _____		City Sacramento	State CA	Zip Code 95814	Position Director
Headquarters Address 1001 I Street			City Sacramento	State CA	Zip Code 95814
			Branch Executive Office		CB/I No. Exempt

(1) Month/Year 6/10	(2) Time Depart Return	D a t e	(3) Location Where Expenses Were Incurred (Between what Points)	(4) Lodging	(5) Meals			(6) Incident	(7) Transportation				(8) Business Expense	(9) Total Expenses for Day
					Breakfast	Lunch	Dinner		(A) Cost	(B) Type	(C) Tolls Carfare Pkg.	(D) Private Car Miles Amt.		
0930	1800	3	Sacto./San Fran./Ret. to Sacto.						SC		37.50			37.50
			RE: MTG. W/CA PUBLIC UTILITIES COMM. RE: WATER QUALITY ISSUES/MTG. WITH NATURAL RESOURCES DEFENSE COUNCIL											0.00
														0.00
														0.00
														0.00
0700		8	Sacto./Pomona/Clairemont	94.08		10.00	18.00		SC, A, RC					122.08
	2200	9	Clairemont/Pomona/Sacto.		6.00	10.00	18.00	6.00	8.70	RC, A, SC	18.00			66.70
			RE: AG LEADERSHIP MEETING											0.00
														0.00
0700	1930	15	Sacto./Napa/Ret. to Sacto.				18.00		SC					18.00
			RE: NAPA CO. BD. SUPS MTG./ MTG. W/WINEGRAPE REPS											0.00
														0.00
Sub Total (Acct. Use Only)														
TRAVEL ADVANCE				\$ 125.00										
(10) CLAIM TOTAL				\$ 244.28										

(11) Purpose of Trip, Remarks & Details 6/3:(7)(C): \$8 for two bridge tolls (no receipts); \$29.50 for parking in San Francisco (receipt attached) 6/9:(7)(A): gas in rental car (receipt attached) 6/9:(7)(C): parking at Sacramento Airport (receipt attached)	(12) Normal Work Hours 0800-1700 (13) Private Vehicle License No. (14) Mileage Rate Claimed
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(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and if the vehicle was described by SAM Sections 0750-7, I certify that the vehicle was maintained in accordance with vehicle safety and seat belt usage.

Date
07.01.10

(16) Signature of Claimant Approving Travel and Payment _____	Special Expense Authorization (See item 17 on reverse)
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(18) Program Use				Accounting Use Only					
Index	PCA	%		Obj. Code	Amount	Tax	Non-Tax	Check Number	TEC Amt. Due
2100	13000	100							

Forward original and one copy, with required vouchers/receipts, (original and one copy), to DPR's Accounting Office